Temporary Event Coordinator Application

- This form is required for events having 2 or more food vendors
- Submit the following application completed to ContactUsFoodSafety@bfhd.wa.gov
- Event Coordinator must carry a current Washington Food Worker Card
- All food vendors must be permitted with Benton Franklin Health District and adhere to WAC 246-215

SECTION 1: BUSINESS CONTACT INFORMATION/REVIEW TYPE									
Date of Application		Office use only	Receiv	ved by & Date:	Approved	d & Date:	Denied/insufficient		
Name of the Event:				Event	Start Dat	e Event E	info □ vent End date		
Name of the Event.									
Location of the Event:			City		State		Zip Code		
Event Coordinators Name:			Daytime Phone		E-mail				
			()						
Days and times of Event(use additional space if needed):			if	Expected # of patrons: Number of Food Vendors					
SECTION 2: EVENT CLASSIFICATION									
Type of Event Limited Menu: F	armers N	Market ☐ Flea Mark	et 🗌	Fundraiser 🗌	Private [Other			
Venue Capacity ☐ 51-100 ☐ 101-200 ☐ 200+				Max Number of Employees Per Day ☐ 1-10 ☐ 11-20 ☐ 21-50 ☐ 51+					
SECTION 3: SERVICES PROVIDED ONSITE TO FOOD VENDORS: (CHECK ALL THAT APPLY AND PROVIDE DETAILS IF NECESSARY):									
Water Supply:	☐ There is access to potable water taps on site. ☐ Vendors must bring their own water supplies.								
Wastewater:	☐ There will be liquid waste collection (tanks/receptacles) on site. ☐ Vendors must arrange for their own wastewater disposal.								
Electricity:	 □ There is access to electricity on site. □ There will be no electricity supplied on site. □ Generators will be provided for vendor use. □ Vendors are allowed to use generators on site. 								
Trash/Refuse:	 □ There will be trash receptacles throughout the event for the public. □ There will be dumpsters on site for vendor and public trash removal. How often will they be serviced? 								
Restrooms/Toilet Facilities:	 □ Restrooms with plumbed hot water available for hand washing? How many? □ Portable restrooms. How many? □ Portable hand wash stations. How many? □ How often will they be serviced? 								
Other Services:	 □ Refrigerated truck □ Commissary kitchen (Provide a list of available equipment in kitchen.) □ Ice 								

SECTION 4: VENDORS PLEASE LIST ALL FOOD VENDORS - ATTACH ADDITIONAL SHEETS IF NECESSARY BFHD Permit # (if known) Phone Email General Vendor Vendor Name Product SECTION 6: SIGNATURE Note: It is the applicant's responsibility to ensure compliance with COVID-19 **Applicant Signature** Date operating requirements and all other applicable state, county, and city agencies before operating the establishment **Applicant Printed Name** Phone Number listed on this application.

Please attach the following:	
Current food worker card for applicant	
 Event COVID-19 Safety Management Plan to include: Diagram of event layout to include entry and exit points, vendor booth placement, hand sanitizer stations, restrooms, public sink access, and health screening area 	

- Blank template for participants, vendors, event staff contact information to assist with contact tracing in the event of an exposure that will be utilized at physical location
- Health screening plan
- Communication plan (high risk population exposure warning, physical distancing, and masks required communication strategy)
- Sanitation plan to include name of disinfectant product used, cleaning and disinfection frequency of restrooms, high touch points, outdoor dining area
- Plan to reduce crowd density in high traffic area (entry, food vendors, entertainment areas, etc.)
- Max capacity management strategy (Recommend a tally counter for entry and exit points to ensure capacity doesn't exceed guidance)